



104 Ash Street East, Sisseton, SD 57262

Phone (605) 698-7654 Fax (605) 698-3038
Website: www.growsd.org Email: info@growsd.org

Dear Emergency Assistance Applicant:

Completed applications will have first priority. If our agency does not receive the items listed below along with a completed application it will be considered incomplete and will not be accepted:

- Income for all household members must be verified.**
 - o Provide a minimum of past 1 month of income
OR
 - o Did you receive fuel assistance? ____yes ____NO (*if NO need proof of income*)

******Call if you have any questions on proof of income******

- If you have no income, you will need to complete the ZERO INCOME VERIFICATION CHECKLIST.**
- Rental assistance request needs the following:**
 - o Please have your landlord complete the attached Landlord/Tenant Form and return to our office
- Utilities assistance request needs the following:**
 - o A copy of the 90-day billing history from the utility company faxed to (605) 698-3038
 - o A copy of the disconnect or delinquent bill
- Other types of assistance please send in a copy of the bill or estimate.**

If you have any questions concerning your application, feel free to contact our agency (605) 698-7654.

Sincerely,

Sherri Skjonsberg

Project Coordinator



Address _____ City _____ County _____

Mailing Address _____ City _____

State _____ Zip _____ Phone: _____ Other Phone: _____

Email Address: _____ Number in Household: _____

	Head of Household	Other Member	Other Member	Other Member
Last Name				
First Name				
Middle Initial				
Date of Birth				
Age				
Social Sec. #				

Relationship: S=Self SP=Spouse C=Child P=Parent O=Other

Relationship				
Gender	M F	M F	M F	M F
Disabled	Y N	Y N	Y N	Y N

Insurance Type: CH=CHIP; MC=Medicare; MD=Medicaid; S=State for Adults; E=Employer; M=Military; D=Direct Pd; IHS=Indian Health; N=None

Insurance				
Farmer/Rancher	Y N	Y N	Y N	Y N
Military: V=veteran or A=active				

Ethnicity

Hispanic/Latino	Y N	Y N	Y N	Y N
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Race: A. White B. Black/African American C. American Indian/Alaska Native D. Asian E. Native Hawaiian/Pacific Island F. Other G. Multi-Race

Race				
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Education (Check One per individual)

0 - 8				
9 - 12 (non grad)				
HS Grad or GED				
12+				
College Grad				

Non-Cash Benefits: A=SNAP; B=WIC; C=LIHEAP; D=Housing Choice Voucher; E=Public Housing; F=Public Supportive Housing; G=HUD-VASH;
 H=Childcare Voucher; I=Affordable Care Act; J=Other

Non-Cash Benefits				
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	Other Member	Other Member	Other Member	Other Member
Last Name				
First Name				
Middle Initial				
Date of Birth				
Age				
Social Sec. #				

Relationship: S-Self SP-Spouse C-Child P-Parent O-Other

Relationship				
Gender	M F	M F	M F	M F
Disabled	Y N	Y N	Y N	Y N

Insurance Type: CH=CHIP; MC=Medicare; MD=Medicaid; S=State for Adults; E=Employer; M=Military; D=Direct Pd; IHS=Indian Health; N=None

Insurance				
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Non-Cash Benefits				
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GROW SOUTH DAKOTA
104 Ash St. East, Sisseton, SD 57262
Phone: 605-698-7654 **Fax: 605-698-3038**

LANDLORD/TENANT AGREEMENT

Tenant Name _____ Co-Tenant Name _____

Tenant's Physical Address _____ City _____ State _____ Zip _____

Total **Rent** Amount **Due**: \$_____ (excluding late fees or other fees) for what months? _____

Monthly Rental Amount: \$_____. How many people are on the lease? _____.

Security Deposit Owed: \$_____

Year house was built _____ *** required for Security Deposit assistance ONLY ***

I agree to accept monetary funds from GROW South Dakota on behalf of the tenant named above and will allow them to reside in the unit for an additional 30 days from date of payment. If, receiving a security deposit and the tenant does not move into the rental unit, I will refund the security deposit to GROW South Dakota within 30 days of notification. Security deposits paid on behalf of the tenant may be refunded to the tenant based upon the lease.

Landlord Name (please print) _____ Landlord Signature _____ Date _____

Check payable to: (please print) _____ Social Security Number or Tax ID Number
(Landlord may contact our office to provide SSN)

Mailing address _____ City, _____ State, _____ Zip code _____

Business/Cell Phone _____ Fax Number _____

Email Address _____



GROW South Dakota, 104 Ash Street East, Sisseton, SD 57262

ZERO INCOME VERIFICATION CHECKLIST

The following is a list of expenses; please list how you will pay for the following items or mark N/A if you do not have or need and how much you will spend each month. Sign the bottom of the page when form is completed.

FOOD	NA	WHO/HOW	AMOUNT
Groceries	<input type="checkbox"/>	How do you pay for this?	\$ _____
Baby Formula/Food	<input type="checkbox"/>	How do you pay for this?	\$ _____
SHELTER COSTS			
Rent/housing	<input type="checkbox"/>	How do you pay for this?	\$ _____
Electricity	<input type="checkbox"/>	How do you pay for this?	\$ _____
Heat: Gas/Fuel Oil	<input type="checkbox"/>	How do you pay for this?	\$ _____
CLEANING/GROOMING			
Bathroom Necessities	<input type="checkbox"/>	How do you pay for this?	\$ _____
Diapers	<input type="checkbox"/>	How do you pay for this?	\$ _____
TRANSPORTATION COSTS			
Automobile Payment	<input type="checkbox"/>	How do you pay for this?	\$ _____
Automobile Insurance	<input type="checkbox"/>	How do you pay for this?	\$ _____
Vehicle Gas	<input type="checkbox"/>	How do you pay for this?	\$ _____
Vehicle Maintenance	<input type="checkbox"/>	How do you pay for this?	\$ _____
Transportation Bus/Cab expense	<input type="checkbox"/>	How do you pay for this?	\$ _____
CLOTHING			
Clothes/Shoes	<input type="checkbox"/>	How do you pay for this?	\$ _____
Wash your clothes	<input type="checkbox"/>	How do you pay for this?	\$ _____
COMMUNICATIONS			
Telephone bill	<input type="checkbox"/>	How do you pay for this?	\$ _____
Cell phone	<input type="checkbox"/>	How do you pay for this?	\$ _____
Internet	<input type="checkbox"/>	How do you pay for this?	\$ _____
Cable	<input type="checkbox"/>	How do you pay for this?	\$ _____
OTHER			
Medical expenses	<input type="checkbox"/>	How do you pay for this?	\$ _____
Daycare	<input type="checkbox"/>	How do you pay for this?	\$ _____
Education	<input type="checkbox"/>	How do you pay for this?	\$ _____
Do you smoke?	<input type="checkbox"/>	How do you pay for this?	\$ _____
Do you go out to eat?	<input type="checkbox"/>	How do you pay for this?	\$ _____
Pet food or pet supplies?	<input type="checkbox"/>	How do you pay for this?	\$ _____

Do you get any of the following:	If yes, how much	How Often
Cash from anyone? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Unemployment? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
TANF? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Receiving Child Support? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Bonus payments? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Tribal Incentives? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Life Insurance Payments? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Land payments? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Money from college benefits? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Wages/salaries? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Social Security or SSI benefits? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Workers compensation? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____
Any other type of income? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	_____

I confirm that the above information is true and valid to the best of my knowledge and is subject to verification. I am aware that any fraudulent statement made in this application is legal grounds for denial of service and potential prosecution by any agency of the government and State of South Dakota as this application may be used as a basis for financial assistance.

Signature _____ Date _____

